

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111563

FILED
Jan 18, 2007
Secretary of State

Entity Name: CENTERPOINTE MEDIATIONS, LLC

Current Principal Place of Business:

401 CENTERPOINTE CIR. SUITE 1527
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

401 CENTERPOINTE CIR. SUITE 1527
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3758641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODMAN, RAYMOND L
401 CENTERPOINTE CIR. SUITE 1527
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOODMAN, RAYMOND L
Address: 401 CENTERPOINTE CIR. SUITE 1527
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RAYMOND L. GOODMAN

MG

01/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date